

"Falling into Exercise": Engaging people over 60 at risk of falls

Michelle Thirlwall, MSK Specialist Physiotherapist, ELHT, ARC NW coast internship
Professor Liz Lightbody, Academic Supervisor, UCLAN, NIHR

Background

- 30% of over 65's and 50% of over 80's will fall at least once a year, costing NHS £2.3 billion (1)
- WHO has highlighted frailty as a national priority.
- Locally A&E attendances due to falls and hip fractures are above average (2)
- All health professionals are advised to screen for falls risk (3)

PPI engagement group



Picture taken from: <https://hseresearch.ie/patient-and-public-involvement-in-research/>

- Identified falls & exercise as an important focus
- Reviewed patient facing documents, (patient information leaflet, consent form and interview schedule)
- Will contribute to interpretation of study findings and dissemination

What is current practice?

- Patients are referred to Musculoskeletal (MSK) physiotherapy following soft tissue injury or fracture
- 30% of MSK referrals are over 60.
- Balance and strength exercises reduce the risk of falls by 25% in patients over 60 (4)
- Further research is required to understand if patient engage in exercise and why (5)

Aims

To explore:

1. The barriers and facilitators to exercise engagement in patient's over 60 at risk of falls.
2. The ability to discuss falls risk with a professional.
3. The health inequalities associated with completion of exercise programmes in the local area.
4. The need to develop MSK falls pathways

Methods

Study Design: A qualitative study, using semi-structured interviews.
Participants: Over the age of 60 'at risk of falls.' Defined as: self reported unsteadiness, one or more falls in the last 6 months and/or slow or unsteady gait pattern on examination.
Sample Size: up to 10 participants.
Data Analysis: Using NVivo transcription to develop thematic analysis of interview recordings. To identify common patient themes

Qualitative data: example of interview questions

What are your thoughts on the exercise programme you have been given to complete at home?

Can you explain why these exercises were given to you?

Is there a way we can make the exercises easier for you to continue with or understand?

What can we do differently to allow these falls conversations?

Take Home Messages

1. Falls are common, can cause fractures or soft tissue injuries, reduced confidence and impact on patient's health and wellbeing.
2. Falls are a huge cost to the NHS over £2.3 billion a year (1)
3. Exercises completed twice a week reduces the risk of falls by 25% in over 60's (4)
4. Understanding why patient's engage or not with exercise programmes will help with effective service delivery and pathway formation

Results: What hoping to identify and clinical impact

Short Term

Identify the barriers and facilitators to engaging with exercise programmes.

Including:

- Format e.g. leaflet/online, accessibility and readability.
- Better understanding of barriers e.g. exercise compliance, perceived falls risk and any health inequalities
- Communication with professionals.

Medium Term

To focus on MSK falls pathway development and staff identification and management of falls risk.

Aim:

- Improve quality of care delivered to patients in MSK
- Appropriate signposting to the correct services for patients
- Provide support for the workforce

Long Term

Every health professional to check falls risk with all patients over 60/65 years

Aim:

- To reduce re-referrals from falls and injuries thus reducing orthopaedic and MSK waiting lists.
- To reduce the cost and demand on NHS
- To improve patient's quality of life.



Pictures taken from: <https://www.csp.org.uk/public-patient/keeping-active-and-healthy/staying-healthy-you-age/staying-strong-you-age/strength>

References

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